

U.S. Department of Housing and Urban Development



*Multifamily Tenant Characteristics System 2000
Moving to Work Program Technical Reference Guide*

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Office of Public and Indian Housing
Office of Information Technology

DRAFT

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Chapter 1. Introduction

1.1 Purpose

The *Form HUD-50058 Moving to Work Family Report Technical Reference Guide* provides information needed to develop software to capture and edit Form HUD-50058 MTW data and prepare it for submission to the US Department of Housing and Urban Development (HUD).

Multifamily Tenant Characteristics System (MTCS) is a HUD system that captures and stores tenant information contained in the standard Form HUD-50058 and the Form HUD-50058 MTW. MTCS also generates various reports from the data stored in its database.

The Guide contains all the data descriptions and data edit requirements necessary to design software that will follow the Form HUD-50058 MTW to transmit data to MTCS.

1.2 Intended Audience

HUD developed the *Form HUD-50058 MTW Technical Reference Guide* for PHAs and software vendors who develop software to capture and store Form HUD-50058 MTW data and to view transmission error reports. The MTCS development team at HUD Headquarters also uses the *Guide* to develop the edit and validation process for MTCS data.

1.3 Summary

The Guide contains the following information:

- Summary of the Form HUD-50058 MTW
- Transmission file layout description
- Descriptions of each field in the transmission file layout and edits
- Cross reference between the data lines in Form HUD-50058 MTW and the data field positions in the transmission file

1.4 Questions

Users of this Guide should post their questions to the Moving to Work forum on the MTCS website. The address for this forum is

<http://198.200.153.9/pih/pihboard/MTWmtcs/pihboard.html>.

HUD monitors and responds to questions posted to this forum on a regular basis. HUD will answer questions on this guide as responses to the forum questions.

1.5 Form HUD-50058 MTW, Family Report

The Form HUD-50058 MTW captures information about residents who live in Public and Indian housing and receive rental subsidies through the MTW program. The form contains:

- Demographic information for all members of the household
- Citizenship information

- Income information
- Rent information

PHAs who administer the MTW demonstration collect this tenant data and send it to HUD electronically. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Monitor the MTW demonstration, including Public and Indian Housing Agencies
- Monitor the efforts of project administrators
- Provide demographic information on program participants to support HUD management, HUD Field Office, and Public Housing Agency (PHA) program objectives
- Monitor compliance with income reporting requirements and related eligibility factors
- Produce demographic information that describes the present occupancy of resident communities to Congress, sister Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and the Internal Revenue Service

Use the Form HUD-50058 MTW, the Form HUD-50058 MTW Instruction Booklet along with this Guide to understand the flow of the information and to develop or modify software.

1.6 Transmission File Layout Description

An MTW-MTCS transmission file is an ASCII flat file that contains information of one or more families. HUD receives the file submitted by PHAs and vendors to MTCS, extracts information from the file, and performs edits and validations before MTCS stores the information into the MTW database.

1.6.1 Transmission File Granularity

A transmission file contains information of one or more families; each family contains multiple records; and each record contains multiple data fields.

1.6.1.1 Family

The first level of transmission file breakdown is at the family level shown in Figure 1.1.

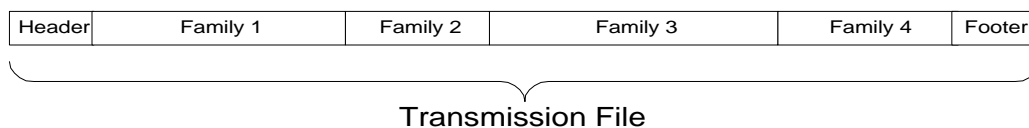


Figure 1.1 An Example of Family Layout in a Transmission File

A transmission file must have a Header record and a Footer record. In between the Header and the Footer are families. Families may take spaces of different sizes in the file because some

families may have more information than others.

1.6.1.2 Record

The next level of transmission file breakdown is the record. For each family, there are many records each of which contains specific information of the family. Figure 1.2 shows an example of all the records in a family.

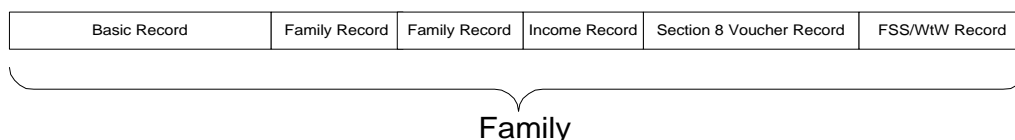


Figure 1.2 An Example of Record layout in a Family

Depending on the MTW program and action type of the submission, a family may have different record compositions. Section 6.2 describes the general rules about which records constitute a family in different circumstances.

1.6.1.3 Data Fields

Data fields are the atomic units in a transmission file. In most cases, each data field corresponds to one line item on the paper Form HUD-50058 MTW. The Edits and Validation section gives a detailed description of all the data fields in all the records, their sizes and positions in the respective records, their cross references between line numbers on the paper Form HUD-50058 MTW, along with their edits. Figure 1.3 shows the data field layout in the Basic Record.



Figure 1.3 Data Field Layout in Basic Record

As illustrated in the Edits and Validation section, every record starts with a record identifier field and a record number data field. In the Basic Record, the third data field is Date Modified with no line number in the Form HUD-50058 MTW. All other fields are sequentially laid out in the record and identified by corresponding field line numbers in the Form HUD-50058 MTW.

1.6.2 General Rules on Transmitting Records

There are three types of records: mandatory records, selective records and optional:

- **Mandatory records** identify the family and must be transmitted.
- **Selective records** for each family are determined by:

- ⇒ Program Code (line 1c in the Form HUD-50058 MTW)
- ⇒ Action Type (line 2a in the Form HUD-50058 MTW)
For example, if 1c is valued 'P' (for Public Housing) and 2a is valued 1 (for New Admission), a Public Housing Record (Record Identifier 'P'), and for each family member, a Family Record (Record Identifier 'F') must be included in the transmission file.

- **Optional records** include only income records. They are needed only if the information in the records exist. If the family does not have income of any type, there is no need to include an Income Record in the transmission file.

When a PHA or a vendor transmits an entire Form HUD-50058 MTW, a data transmission must contain these records for a family:

- Transmission Header Record (mandatory, Record identifier equals 'MTWHR')
- 50058 Basic Record (mandatory, Record Identifier equals 'B')
- 50058 Family Record (mandatory, Record Identifier equals 'F') for each member of the family
- If the family has any income, a 50058 Income Record (optional, Record Identifier equals 'I'), for each member of the family and the source of income.
- One of the selective program records:
 - MTW Public Housing Record (Record Identifier equals 'P')
 - MTW Tenant Based/Project Based Record (Record Identifier equals 'M')
 - MTW Homeownership Record (Record Identifier equals 'H')
- If a family participates in the FSS program, then the FSS addendum is mandatory. If the family participates in an MTW Self Sufficiency program, the FSS addendum is optional.
- Transmission Footer Record (mandatory, Record identifier equals 'MND58')

1.6.3 Special Instructions for Some Action Types

The Transmission File Layout section gives a complete list of data fields and their edits of all the records in the transmission file. Although the Basic and Family Records are mandatory for all families, for some action types (2a values), HUD needs to know minimum information to identify a family and requires PHAs or vendors only to submit data values for certain data fields.

Table 1.1 lists these special action types, the corresponding required data fields and the corresponding optional data fields (referred by their line numbers).

Action Code	Action Type	Basic Record		Family Record Required	Others Required
		Required	Optional		
2a = 5	Portability Move-out	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1'		3a through 3n for 3h='H' only	None
2a = 6	End of Participation	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1'		3a through 3n for 3h='H' only	None
2a = 8	FSS/MTW Self Sufficiency Addendum Only	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 2k, 3n (for 3a='1')		3a through 3n for 3h='H' only	Family Self Sufficiency Record

2a = 9	Annual Reexamination Searching	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 2i, 3n for 3a='1', 3t, 3u, 3v, 18f, 18g, 18h, 18i, 18j, 19i, 19j, 19k	2k, 2m, 3w, 4a	3a through 3n for all family members	None
2a = 10	Issuance of Voucher	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 3t, 4b, 4c, 19i	2k, 2m	3a through 3n for 3h='H' and ('S' or 'K')	21b only in Tenant Based/ Project Based Record
2a = 11	Expiration of Voucher	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1'		3a through 3n for 3h='H' only	None
2a = 13	Annual HQS Inspection Only	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 5a, 5h, 5i		3a through 3n for 3h='H' only	None
2a = 15	Void	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3n for 3a='1'		3a through 3n for 3h='H' only	None

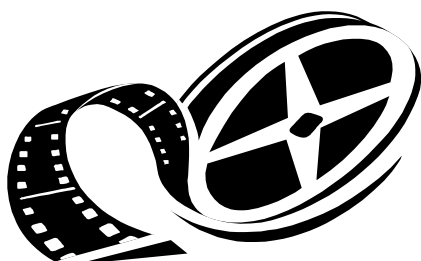
Notes: The fields in *italics* identify those for Public Housing only. The fields enclosed by [] identify those required depending on the values of preceding fields.

Table 1.1 Required Data Fields in the Basic and Family Records for Some Action Types

For data fields not listed in Table 1.1 with corresponding action types, the edit programs in MTCS will ignore any value provided to them. In these cases, HUD recommends PHAs or vendors to fill them with blanks (for character, string and date fields) and zeros (for numeric fields). The comment section of each data field contains such recommendations.

1.6.4 Graphical Representation

To summarize the transmission file layout in a graphical representation of a transmission file from a PHA, envision a strip of film.



Consider each frame in the film as a family and the entire film reel as the transmission file submitted from the PHA to HUD. The film reel might appear as follows:

FRAME 1:

- Transmission Header

FRAME 2: (Family 1)

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Public Housing Record
- 50058 Family Self Sufficiency Record

FRAME 3: (Family 2)

- 50058 Basic Record
- 50058 Family Record
- 50058 Homeownership Record
- 50058 Family Self Sufficiency Record

FRAME 4: (Family 3)

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Tenant-Based/Project-Based Record

FRAME 5: (Family 4)

- 50058 Basic Record
- 50058 Family Record
- 50058 Family Self Sufficiency Record

FRAME 6:

- Transmission Footer

1.7.0 Data Format Standards

The data format standards apply to the appropriate items in the transmission file layout and detailed layout information, unless otherwise specified in the Transmission File Layout section. These standards are:

- Transmitted data values shorter than the allocated data field length in the transmission file layout must be:
 - Left justified for alphanumeric fields, space fill as needed
 - Right justified for numeric fields, zero fill as needed
- Format all dates as MMDDYYYY, blank fill if no date is transmitted
- MTCS does not accept nulls in lieu of spaces or zeros
- Alphanumeric edits accept:
 - 0 (zero) through 9
 - a through z
 - A through Z
 - Special characters: * + - / , . : ; () = & % # \$ “ ‘ < > @ _ \ ! ^ | { } [] ~

Chapter 2. File Layout for MTW Data Transmission

Transmission Header Format

NAME:	Record Identifier
DESCRIPTION:	A number to identify the file as MTW data
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Set to 'MTWHR'.
EDITS:	
	Fatal: • Must equal 'MTWHR'
FIELD NUMBER:	1
POSITION:	1-5
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A number to identify the record in the file
TYPE:	Numeric
SIZE:	6
COMMENTS:	Set to '00001'. This is a sequential number incremented by 1 for each record in the transmission. The record number for this record will always be '00001' because it will always be the first record in each transmission.
EDITS:	
	Fatal: • Must equal '00001'
FIELD NUMBER	2
POSITION:	6-11
LINE REFERENCE NO:	n/a

NAME: Owner/PHA Mailbox ID

DESCRIPTION: ID number issued by HUD that uniquely identifies a Public Housing Agency

TYPE: Alphanumeric (left justified)

SIZE: 10

COMMENTS: None

EDITS: Fatal:

- Must be a valid PHA code or vendor ID

FIELD NUMBER: 3

POSITION: 12-21

LINE REFERENCE NO: n/a

NAME: Service/Return Mailbox ID

DESCRIPTION: An ID number issued by HUD to identify organization sending Form HUD-50058 data

TYPE: Alphanumeric (left justified)

SIZE: 10

COMMENTS: If a PHA is sending its own data, the Service/Return ID will be the same as the PHA ID. Used to identify where to return transmission reports and acknowledgments from MTCS.

EDITS: Fatal:

- Must be a valid ID issued by HUD

FIELD NUMBER: 4

POSITION: 22-31

LINE REFERENCE NO: n/a

NAME:	Transmission Date	
DESCRIPTION:	The date the file was created	
TYPE:	Date	
SIZE:	8	
COMMENTS:	Must be properly formatted; no dashes, slashes, or spaces should be used.	
EDITS:	Fatal:	<ul style="list-style-type: none">• Must be MMDDYYYY format
FIELD NUMBER:	5	
POSITION:	32-39	
LINE REFERENCE NO:	n/a	

NAME:	Transmission Time	
DESCRIPTION:	The time the file was created	
TYPE:	Time	
SIZE:	6	
COMMENTS:	Must be properly formatted; no colons should be used.	
EDITS:	Fatal:	<ul style="list-style-type: none">• Must be 'HHMMSS' format
FIELD NUMBER:	6	
POSITION:	40-45	
LINE REFERENCE NO:	n/a	

NAME:	Vendor Software ID	
DESCRIPTION:	A number to identify vendor of the software	
TYPE:	Alphanumeric	
SIZE:	5	
COMMENTS:	Number each software vendor may use to identify its product.	
EDITS:	None	
FIELD NUMBER:	7	
POSITION:	46-50	
LINE REFERENCE NO:	n/a	

NAME:	Vendor Software/Version Number
DESCRIPTION:	The identifier of the software release and version information
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	Used when providing customer support to identify which version of software users have used to record tenant characteristic data.
EDITS:	None
FIELD NUMBER:	8
POSITION:	51-60
LINE REFERENCE NO:	n/a

NAME:	MTW-50058 Form Version Date
DESCRIPTION:	The date of the approved MTW-50058
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes or spaces.
EDITS:	
	Fatal: • Must be 'MMDDYYYY' format
FIELD NUMBER:	9
POSITION:	61-68
LINE REFERENCE NO:	n/a

NAME:	Vendor Defined Data
DESCRIPTION:	For vendor use; will not be edited
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	None
EDITS:	None
FIELD NUMBER:	10
POSITION:	69-78
LINE REFERENCE NO:	n/a

50058 Basic Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record

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TYPE:	Alpha	
SIZE:	1	
COMMENTS:	Use 'B' for the Record Identifier for the basic record.	
EDITS:	Fatal:	• Must equal 'B'
FIELD NUMBER:	1	
POSITION:	1	
LINE REFERENCE NO:	n/a	

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission. For example, the record number for the first basic record in the transmission will be '000002', which is one increment from the header record number.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: Date Last Modified

DESCRIPTION: System generated for family's information modification date

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format; May be different from the effective date of action.

EDITS:

Fatal: • Must be valued in MMDDYYYY format

FIELD NUMBER: 3

POSITION: 8-15

LINE REFERENCE NO: n/a

NAME: PHA Code

DESCRIPTION: Unique code assigned to the PHA by HUD

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use postal state codes (exception for Islands) and Number HUD uses to recognize the PHA in that state.

EDITS:

Fatal: • Must be a valid 5 character PHA code that exists in MTCS
• Must equal Owner/PHA Mailbox ID in Header Record, or must

Fatal: equal a valid PHA code for which the PHA or vendor specified by Owner/PHA Mailbox in Header Record is authorized by HUD to submit data

• Must equal a PHA code participating in the MTW program

Fatal:

FIELD NUMBER: 4

POSITION: 16-20

LINE REFERENCE NO: 1b.

NAME:	Program
DESCRIPTION:	The type of housing program
TYPE:	Alpha (left justified)
SIZE:	2
COMMENTS:	May use either one letter or two letter codes, where applicable. Use codes P' for Public Housing, 'PR' for MTW Project Based Assistance or 'T' for MTW Tenant Based Assistance
EDITS:	
	Fatal: • Must equal 'P', 'PR' or 'T'
FIELD NUMBER:	5
POSITION:	21-22
LINE REFERENCE NO:	1c.

NAME:	Project Number
DESCRIPTION:	Official number for the Public Housing Project
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Applies to current Public Housing only.
EDITS:	
	Fatal: • If 1c equals 'P', must be valued
	Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix
	Fatal: • If 1c does not equal 'P', must be blank
FIELD NUMBER:	6
POSITION:	23-30
LINE REFERENCE NO:	1d(1).

NAME: Project Number Suffix

DESCRIPTION: Official number for the Public Housing Project

TYPE: Alphanumeric

SIZE: 3

COMMENTS: Applies to current Public Housing only.

EDITS:

Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix

Fatal: • If 1c does not equal 'P', must be blank

FIELD NUMBER: 7

POSITION: 31-33

LINE REFERENCE NO: 1d(2).

NAME: Building Number

DESCRIPTION: Official number for the Public Housing building

TYPE: Alphanumeric

SIZE: 6

COMMENTS: Applies to current Public Housing only.

EDITS:

Fatal: • If 1c equals 'P', must be valued

Fatal: • If 1c does not equal 'P', must be blank

Fatal: • If valued, must be valid building number in PIC for the project

FIELD NUMBER: 8

POSITION: 34-39

LINE REFERENCE NO: 1e.

NAME:	Building Entrance Number
DESCRIPTION:	Number of each postal address of a single building that may have multiple entrances with different postal addresses.
TYPE:	Alphanumeric
SIZE:	3
COMMENTS:	Applies only when a building has multiple entrances with different postal addresses. Applies to Public/Indian Housing projects only. If there is a single building entrance, default to '1'.
EDITS:	
	Fatal: • If 1c equals 'P', must be valued
	Fatal: • If 1c does not equal 'P', must be blank
	Fatal: • If valued, must be a valid building entrance number in PIC for the project
FIELD NUMBER:	9
POSITION:	40-42
LINE REFERENCE NO:	1f.

NAME:	Unit Number
DESCRIPTION:	Official number for the Public Housing unit
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	Applies to Public Housing only.
EDITS:	
	Fatal: • If 1c equals 'P', must be valued
	Fatal: • If 1c does not equal 'P', must be blank
	Fatal: • If valued, must be valid unit number for the project
FIELD NUMBER:	10
POSITION:	43-52
LINE REFERENCE NO:	1g.

NAME: **Type of Action**

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DESCRIPTION:	Indicates the reason for submitting an MTW 50058 record for the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use 1 = New Admission; 2 = Annual Reexamination; 3 = Interim Reexamination; 4 = Portability Move-in, 5 = Portability Move-out; 6 = End Participation; 7 = Other Change of Unit; 8 = FSS/MTW Self Sufficiency Program Only; 9 = Annual Reexamination Searching; 10 = Issuance of Voucher Equivalent; 11 = Expiration of Voucher Equivalent; 12 = Reserved; 13 = Annual HQS Inspection Only; 14 = Historical Adjustment; 15 = Void
EDITS:	
	Fatal: • Must be valued '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '13', '14' or '15'
	Fatal: • If 1c equals 'P', cannot equal '4', '5', '9', '10', '11' or '13'
	• Must not equal '12'
	Fatal:
FIELD NUMBER:	11
POSITION:	53-54
LINE REFERENCE NO:	2a.

NAME: Effective Date of Action

DESCRIPTION: This is the effective date of the action occurring in line 2a

TYPE: Date

SIZE: 8

COMMENTS: Must be in MMDDYYYY format.

EDITS:

Fatal: • Must be in MMDDYYYY format

Fatal: • Cannot be earlier than the 2h (Date of Admission to Program), if provided

Fatal: • Cannot be 4 months later than the Transmission date in the Header record

Warning: • Cannot be later than 3 months from Date Last Modified

FIELD NUMBER: 12

POSITION: 55-62

LINE REFERENCE NO: 2b.

NAME: Correction

DESCRIPTION: Indicate if this MTW 50058 submission is for correction of data previously submitted

TYPE: Alpha

SIZE: 1

COMMENTS: None

EDITS:

Fatal: • Must be 'Y' or 'N'

Fatal: • If 2a equals '15', must equal 'N'

FIELD NUMBER: 13

POSITION: 63

LINE REFERENCE NO: 2c.

NAME:	Correction Code
DESCRIPTION:	Indicates primary reason for the correction occurring in line 2c
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for family income correction, '2' for family correction (non-income), '3' for PHA income correction, '4' for PHA correction (non-income). If 2c equals 'N', put zero.
EDITS:	
	Fatal: • If 2c is 'Y', then must be '1', '2', '3' or '4'
FIELD NUMBER:	14
POSITION:	64
LINE REFERENCE NO:	2d.

NAME:	Correction Transmitted Date
DESCRIPTION:	The date that the correction occurring in line 2c was transmitted
TYPE:	Date
SIZE:	8
COMMENTS:	Must be MMDDYYYY format. If 2c equals 'N', leave blank.
EDITS:	
	Fatal: • If 2c equals 'Y', must be in MMDDYYYY format
FIELD NUMBER:	15
POSITION:	65-72
LINE REFERENCE NO:	2e.

NAME: Repayment Agreement Indicator

DESCRIPTION: Indicates that the PHA and family have entered into an agreement for family to repay the PHA for excessive subsidy in light of underreported income or other factors contributing to incorrect rent calculations.

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 2d equals '2', '3', or '4', leave blank.

EDITS:

Fatal: • If 2d equals '1', must equal 'Y' or 'N'

Fatal: • If valued, must be 'Y' or 'N'

FIELD NUMBER: 16

POSITION: 73

LINE REFERENCE NO: 2f.

NAME: Monthly Amount of Repayment

DESCRIPTION: Indicates average amount of subsidy repaid by the family to the PHA under a back rent agreement

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

Fatal: • If 2f equals 'Y', must be greater than or equal to zero and less than or equal to 9999

Warning: • If 2f equals 'Y', must be greater than or equal to 100 and less than or equal to 1999

FIELD NUMBER: 17

POSITION: 74-77

LINE REFERENCE NO: 2g.

NAME:	Date of Admission to Program
DESCRIPTION:	Date the family was initially admitted to the program in line 1c
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5','6', '8','9', '10', '11', '13' or '15', leave blank
EDITS:	<ul style="list-style-type: none">Fatal: • If 2a is '1', '2', '3', '4', '7', or '14', must be valuedFatal: • If valued, must be in MMDDYYYY formatFatal: • If 2a equals '1' or '4', must equal 2b (Effective date of action)Fatal: • If 2a equals '2', '3', '7' or '14', must be earlier than 2b (Effective date of action)
FIELD NUMBER:	18
POSITION:	78-85
LINE REFERENCE NO:	2h.

NAME: Projected Effective Date of Next Re-Exam

DESCRIPTION: Projected effective date of next re-exam

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7' or '9', must be valued
- Fatal: • If valued, must be in MMDDYYYY format
- Fatal: • If valued, must be later than 2b (Effective date of action)
- Fatal: • If valued, cannot be more than 13 months later than 2b

FIELD NUMBER: 19

POSITION: 86-93

LINE REFERENCE NO: 2i.

NAME: Date Admitted to MTW Program

DESCRIPTION: The date the family was admitted to the MTW program

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format

EDITS:

- Fatal: • Must be filled in

FIELD NUMBER: 20

POSITION: 94-101

LINE REFERENCE NO: 2j.

NAME: **FSS Participant Now or In the Last Year?**

DESCRIPTION: Indicates whether or not the family participated in the FSS program in the last 12 months

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. Leave blank if 2a equals '5', '6', '8', '11', '13' or '15'

EDITS:

Fatal: • If valued, must be 'Y' or 'N'

Fatal: • If valued, 2a must equal '1', '2', '3', '4', '7', '9', '10', or '14'

FIELD NUMBER: 21

POSITION: 102

LINE REFERENCE NO: 2k.

NAME: **MTW Self Sufficiency Participant**

DESCRIPTION: Indicates whether or not the family is or has been a participant in the Moving to Work Self Sufficiency program now or in the last year

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 22

POSITION: 103

LINE REFERENCE NO: 2m.

NAME: **Reserved**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Numeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:
Fatal: • Must be blank
FIELD NUMBER: 23
POSITION: 104-108
LINE REFERENCE NO: 2n.

NAME: **Use if Instructed by HUD**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD
EDITS: None
FIELD NUMBER: 24
POSITION: 109-113
LINE REFERENCE NO: 2p.

NAME: **PHA Use Only (1)**
DESCRIPTION: Reserved for PHA use
TYPE: Alphanumeric
SIZE: 15
COMMENTS: PHA may retrieve this information from HUD
EDITS: None
FIELD NUMBER: 25
POSITION: 114-128
LINE REFERENCE NO: 2q.

NAME:	PHA Use Only (2)
DESCRIPTION:	Reserved for PHA use
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	PHA may retrieve this information from HUD
EDITS:	None
FIELD NUMBER:	26
POSITION:	129-138
LINE REFERENCE NO:	2r.

NAME:	PHA Use Only (3)
DESCRIPTION:	Reserved for PHA use
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	PHA may retrieve this information from HUD
EDITS:	None
FIELD NUMBER:	27
POSITION:	139-148
LINE REFERENCE NO:	2s.

NAME:	PHA Use Only (4)
DESCRIPTION:	Reserved for PHA use
TYPE:	Alphanumeric
SIZE:	20
COMMENTS:	PHA may retrieve this information from HUD
EDITS:	None
FIELD NUMBER:	28
POSITION:	149-168
LINE REFERENCE NO:	2t.

NAME: PHA Use Only (5)

DESCRIPTION: Reserved for PHA use

TYPE: Alphanumeric

SIZE: 30

COMMENTS: PHA may retrieve this information from HUD

EDITS: None

FIELD NUMBER: 29

POSITION: 169-198

LINE REFERENCE NO: 2u.

NAME: SSN of Head of Household

DESCRIPTION: Social Security Number of the Head of the household. Copy from
3n where 3h = 'H'.

TYPE: Alphanumeric

SIZE: 9

COMMENTS: None

EDITS:

Fatal: • Must be nine digits

Fatal: • Cannot equal '000000000'

FIELD NUMBER: 30

POSITION: 199-207

LINE REFERENCE NO: 3n.

NAME:	Total Number in Household
DESCRIPTION:	The total number of members in the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use whole numbers. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 2a equals '1', '2', '3', '4', '7', '9', '10' or '14', must be valued• If valued, must be greater than zero and less than or equal to
	Fatal: 99
	Fatal: <ul style="list-style-type: none">• If valued, must equal the total count of Family Records (number in the household)
FIELD NUMBER:	31
POSITION:	208-209
LINE REFERENCE NO:	3t.

NAME:	Family Subsidy Status Under Noncitizen Rule
DESCRIPTION:	Codes to determine the subsidy status of a family based on the noncitizen rule
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'C' for Qualified for continuation of full assistance, 'E' for Eligible for full assistance, 'F' for Eligible for full assistance pending verification of status, or 'P' for Prorated assistance. If 2a equals '5', '6', '8', '10', '11', '13' or '15', leave blank.
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none">• If 2a equals '1', '2', '3', '4', '7', '9', or '14', must equal 'C', 'E', 'F', or 'P'</div> <div><div>Fatal:</div><ul style="list-style-type: none">• If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' or 'PV' for any Family Record (any family member is an ineligible noncitizen or pending verification)], cannot equal 'E'• If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' for any Family Record (any family member is an ineligible noncitizen)], must equal 'C' or 'P'</div> <div><div>Fatal:</div><ul style="list-style-type: none">• If valued 'P', 3h must equal 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i must equal 'EN', 'EC' or 'PV' for at least one Family Record (at least one family member must be eligible citizens, eligible noncitizens or pending verification)• If valued and 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'EC', 'EN' or 'PV' for all the Family Records (all family members are eligible citizens, eligible noncitizens or pending verification)], cannot equal 'P'</div>
FIELD NUMBER:	32
POSITION:	210
LINE REFERENCE NO:	3u.

NAME:	Effective Date of Family Subsidy Status
DESCRIPTION:	Original date family qualified for continuation of assistance, or date temporary deferral of termination was granted
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '13' or '15' and 3u equals 'E', 'F', 'P', leave blank.
EDITS:	
	Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', or '14' and if 3u equals 'C' , must be valued
	Fatal: • If valued, must be in MMDDYYYY format
FIELD NUMBER:	33
POSITION:	211-218
LINE REFERENCE NO:	3v.

NAME:	Former HoH SSN
DESCRIPTION:	If new Head of Household, this is the SSN of the former Head of Household
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	If former Head did not have an SSN, enter '999999999'.
EDITS:	
	Fatal: • If valued, must be nine digit numeric and must equal the SSN of the current head of household associated with that building unit
	Fatal: • If valued, cannot be the same SSN value as the current Head of Household
FIELD NUMBER:	34
POSITION:	219-227
LINE REFERENCE NO:	3w.

NAME: Date Entered Waiting List

DESCRIPTION: The date the family was placed on the waiting list

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format. If 2a equals '2', '3', '4', '5', '6', '7', '8', '10', '11', '13' or '15', leave blank

EDITS:

- Fatal: • If 2a equals '1' or '14', must be valued
- Fatal: • If valued, must be in MMDDYYYY format
- Fatal: • If valued, must not be later than 2b (effective date of action)

FIELD NUMBER: 35

POSITION: 228-235

LINE REFERENCE NO: 4a.

NAME: Zip Code Before Admission

DESCRIPTION: Family's 5 digit zip code before being admitted to the program

TYPE: Alphanumeric

SIZE: 5

COMMENTS: If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '13' or '15', leave blank.

EDITS:

- Fatal: • If 2a equals '1', '10' or '14', must be five digit numeric

FIELD NUMBER: 36

POSITION: 236-240

LINE REFERENCE NO: 4b.

NAME: Zip Code +4 Before Admission

DESCRIPTION: Family's zip +4 before being admitted to the program

TYPE: Alphanumeric

SIZE: 4

COMMENTS: None

EDITS:

Fatal: • If valued, must be four digit numeric

FIELD NUMBER: 37

POSITION: 241-244

LINE REFERENCE NO: 4b.

NAME: Homeless at Admission Indicator

DESCRIPTION: Indicates whether or not the family was homeless at admission to the program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes or 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '13' or '15', leave blank.

EDITS:

Fatal: • If 2a equals '1', '10' or '14', must equal 'Y' or 'N'

FIELD NUMBER: 38

POSITION: 245

LINE REFERENCE NO: 4c.

NAME: **Reserved**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Alphanumeric
SIZE: 1
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:
Fatal: • Must be blank
FIELD NUMBER: 39
POSITION: 246
LINE REFERENCE NO: 4d.

NAME: **Continuously Assisted Indicator**
DESCRIPTION: Indicates if the head of the household is continuously assisted under the 1937 Housing Act
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:
Fatal: • If 2a equals '1' or '14', must equal 'Y' or 'N'
FIELD NUMBER: 40
POSITION: 247
LINE REFERENCE NO: 4e.

NAME: **Reserved**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:
Fatal: • Must be blank
FIELD NUMBER: 41
POSITION: 248-252
LINE REFERENCE NO: 4f.

NAME: **Unit Address (Number and Street)**

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DESCRIPTION: Address of the unit
TYPE: Alphanumeric
SIZE: 100
COMMENTS: Unit number and street; Do not use Post Office Boxes. If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must be valued
FIELD NUMBER: 42
POSITION: 253-352
LINE REFERENCE NO: 5a.

NAME: Unit Apartment Number

DESCRIPTION: Apartment number of the unit
TYPE: Alphanumeric
SIZE: 10
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS: None
FIELD NUMBER: 43
POSITION: 353-362
LINE REFERENCE NO: 5a.

NAME: Unit City

DESCRIPTION: City of the unit
TYPE: Alphanumeric
SIZE: 30
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must be valued
FIELD NUMBER: 44
POSITION: 363-392
LINE REFERENCE NO: 5a.

NAME: Unit State

DESCRIPTION: State code of the unit
TYPE: Alpha
SIZE: 2
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

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EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must equal a valid state code

FIELD NUMBER: 45
POSITION: 393-394
LINE REFERENCE NO: 5a.

NAME: Unit Zip Code

DESCRIPTION: Five digit Zip Code of the unit

TYPE: Numeric

SIZE: 5

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must be valued

FIELD NUMBER: 46
POSITION: 395-399
LINE REFERENCE NO: 5a.

NAME: Unit Zip Code +4

DESCRIPTION: Zip +4 of the unit

TYPE: Alphanumeric

SIZE: 4

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

- Fatal: • If valued, must be numeric

FIELD NUMBER: 47
POSITION: 400-403
LINE REFERENCE NO: 5a.

NAME: Family Mailing Address same as Unit Address Indicator

DESCRIPTION: Indicates if the mailing address is the same as unit address

TYPE: Alpha

SIZE: 1

COMMENTS: User 'Y' for yes and 'N' for no. If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must equal 'Y' or 'N'

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FIELD NUMBER: 48
POSITION: 404
LINE REFERENCE NO: 5b.

NAME: Family Mailing Address

DESCRIPTION: Address where family receives mail
TYPE: Alphanumeric
SIZE: 100
COMMENTS: Populate if different from Unit Address. If 5b equals 'Y', leave blank
EDITS:

Fatal: • If 5b equals 'N', must be valued

FIELD NUMBER: 49
POSITION: 405-504
LINE REFERENCE NO: 5c.

NAME: Family Mailing Apartment Number

DESCRIPTION: Apartment number of mailing address for the family
TYPE: Alphanumeric
SIZE: 10
COMMENTS: If 5b equals 'Y', leave blank
EDITS: None
FIELD NUMBER: 50
POSITION: 505-514
LINE REFERENCE NO: 5c.

NAME: Family Mailing City

DESCRIPTION: City of mailing address for the family
TYPE: Alphanumeric
SIZE: 30
COMMENTS: If 5b equals 'Y', leave blank
EDITS:

Fatal: • If 5b equals 'N', must be valued

FIELD NUMBER: 51
POSITION: 515-544
LINE REFERENCE NO: 5c.

NAME: **Family Mailing State**
DESCRIPTION: State code of mailing address for the family
TYPE: Alpha
SIZE: 2
COMMENTS: If 5b equals 'Y', leave blank
EDITS:

Fatal: • If 5b equals 'N', must equal a valid state code
FIELD NUMBER: 52
POSITION: 545-546
LINE REFERENCE NO: 5c.

NAME: **Family Mailing Zip Code**
DESCRIPTION: Zip Code of mailing address for the family
TYPE: Numeric
SIZE: 5
COMMENTS: If 5b equals 'Y', leave blank
EDITS:

Fatal: • If 5b equals 'N', must be 5 digit numeric
FIELD NUMBER: 53
POSITION: 547-551
LINE REFERENCE NO: 5c.

NAME: Family Mailing Zip Code +4
DESCRIPTION: Zip +4 of the mailing address for the family
TYPE: Alphanumeric
SIZE: 4
COMMENTS: None
EDITS:
Fatal: • If valued, must be 4 digit numeric
FIELD NUMBER: 54
POSITION: 552-555
LINE REFERENCE NO: 5c.

NAME: Number of Bedrooms in Unit
DESCRIPTION: The number of bedrooms in the unit
TYPE: Numeric
SIZE: 1
COMMENTS: If unit is an efficiency or Single Room Occupancy (SRO), enter 0.
If 2a equals '5', '6', '8', '9', '10', '11' or '15', put zero.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must be greater than
or equal to zero and less than or equal to 9
FIELD NUMBER: 55
POSITION: 556
LINE REFERENCE NO: 5d.

NAME:	PHA Identified Accessible Unit Indicator
DESCRIPTION:	Indicator of whether the PHA has identified this unit as accessible
TYPE:	Alpha
SIZE:	1
COMMENTS:	If 1c equals 'PR' or 'T' or 2a equals '4', '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
	Fatal: • If 1c equals 'P' and 2a equals '1', '2', '3', '7' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	56
POSITION:	557
LINE REFERENCE NO:	5e.

NAME:	Family Requested Accessibility Features Indicator
DESCRIPTION:	Indicator of whether the family requested accessibility features
TYPE:	Alpha
SIZE:	1
COMMENTS:	If 1c equals 'PR' or 'T' or 2a equals '4', '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
	Fatal: • If 1c equals 'P' and 2a equals '1', '2', '3', '7' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	57
POSITION:	558
LINE REFERENCE NO:	5f.

NAME:	Family Received Requested Accessibility Features Indicator
DESCRIPTION:	Indicator if the family has fully received the requested accessibility features
TYPE:	Numeric
SIZE:	1
COMMENTS:	For Public Housing only. Use these values as 1= Yes, fully; 2= Yes, partially; 3=No, not at all; 4= Action pending; 5= Yes, partially and Action pending; 6= No, not at all and Action pending. If 5f equals 'N' or is blank, put zero.
EDITS:	
	Fatal: • If 5f equals 'Y', must equal '1', '2', '3', '4', '5' or '6'
FIELD NUMBER:	58
POSITION:	559
LINE REFERENCE NO:	5g.

NAME:	Year Unit Was Built
DESCRIPTION:	Indicate the year the unit was constructed (Tenant-Based or Project-Based only)
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use YYYY format
EDITS:	
	Fatal: • If valued, must be in YYYY format
	Fatal: • If 1c equals 'P', must be blank
FIELD NUMBER:	59
POSITION:	560-563
LINE REFERENCE NO:	5j.

NAME:	Structure Type
DESCRIPTION:	The type of structure

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TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for Single family detached, '2' for Semi-detached, '3' for Rowhouse/townhouse, '4' for Low-rise, '5' for High rise with elevator, and '6' for Manufactured home. For Project-Based or Tenant-Based assistance only.
EDITS:	
	Fatal: • If valued, must be '1', '2', '3', '4', '5', or '6'
	Fatal: • If 1c equals 'P', must be blank
FIELD NUMBER:	60
POSITION:	564
LINE REFERENCE NO:	5k.

NAME:	Total Cash Value of Assets
DESCRIPTION:	The total of the individual cash value of the assets listed
TYPE:	Numeric
SIZE:	6
COMMENTS:	Column total of 18d values. Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero.
EDITS:	
Fatal:	<ul style="list-style-type: none">• If valued, must be the sum of all Cash Value of Assets (18d values)
FIELD NUMBER:	61
POSITION:	565-570
LINE REFERENCE NO:	18f.

NAME:	Total Anticipated Asset Income
DESCRIPTION:	The total of the individual value of the assets listed
TYPE:	Numeric
SIZE:	6
COMMENTS:	Column total of 18e values. Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero
EDITS:	
	Fatal: <ul style="list-style-type: none">• If Total Anticipated Income is a positive value, then Total Cash Value of Assets must be non-zero
	Fatal: <ul style="list-style-type: none">• If valued, must be the sum of all Anticipated Income (18e values)
FIELD NUMBER:	62
POSITION:	571-576
LINE REFERENCE NO:	18g.

NAME: **Passbook Rate**

DESCRIPTION: Rate of interest for the project locality based on the average interest rate for a Passbook Savings Account in the area

TYPE: Numeric

SIZE: 4

COMMENTS: Use an integer; ex. 2.5% would be represented as '0250' (format 99V99 where V is the assumed decimal). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero.

EDITS:

Fatal: • Must be four digit numeric

Fatal: • Must be less than or equal to 1000 (i.e., 10%)

FIELD NUMBER: 63

POSITION: 577-580

LINE REFERENCE NO: 18h.

NAME: **Imputed Asset Income**

DESCRIPTION: Product of the Total Cash Value and the Passbook Rate

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amounts (no decimals). Product of 18f and 18h. (If 18f is \$5,000 or less, put zero)

EDITS:

Fatal: • If 18f is less than or equal to 5000, must equal zero.

Fatal: • If 18f is greater than 5000, must equal the product of 18f and 18h.

FIELD NUMBER: 64

POSITION: 581-586

LINE REFERENCE NO: 18i.

NAME:	Final Asset Income
DESCRIPTION:	The final asset income of the family.
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero.
EDITS:	
	Warning: Must equal the larger of 18g or 18i
FIELD NUMBER:	65
POSITION:	587-592
LINE REFERENCE NO:	18j.

NAME:	Total Annual Income
DESCRIPTION:	The total annual income for all family members
TYPE:	Numeric
SIZE:	6
COMMENTS:	Sum of 18j and 19h. Use whole dollar amounts (no decimals).
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none">• Must be valued with sum of 18j and 19h.<div>Fatal:</div><ul style="list-style-type: none">• Must be greater than or equal to zero and less than 190000</div>
FIELD NUMBER:	66
POSITION:	593-598
LINE REFERENCE NO:	19i.

NAME:	Deductions
DESCRIPTION:	Indicates total of all deductions
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals)
EDITS:	None
FIELD NUMBER:	67
POSITION:	599-604
LINE REFERENCE NO:	19j.

NAME:	Adjusted Annual Income
DESCRIPTION:	The total annual income of the family after adjustments
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be a whole number. Subtract 19j (deductions) from 19i (total annual income)
EDITS:	
	Warning: • Must equal 19i minus 19j
FIELD NUMBER:	68
POSITION:	605-610
LINE REFERENCE NO:	19k.

Family Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'F' for the Record Identifier for the family record format.
EDITS:	
	Fatal: • Must equal 'F'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	Member Number
DESCRIPTION:	The numeric value assigned to the member of the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use '01' for the Head of Household; order sequentially. Cannot be blank.
EDITS:	
	Fatal: <ul style="list-style-type: none">• Must be valued numeric
	Fatal: <ul style="list-style-type: none">• Highest member number must equal the total count of Family Records (members in the household)
	Fatal: <ul style="list-style-type: none">• The highest member number must equal 3t in the Basic Record
	Fatal: <ul style="list-style-type: none">• If 3h does not equal 'H', cannot equal '01'
	Fatal: <ul style="list-style-type: none">• If 3h equals 'H', must equal '01'
FIELD NUMBER:	3
POSITION:	8-9
LINE REFERENCE NO:	3a.

NAME:	Member Last Name
DESCRIPTION:	Last name of the member of the household
TYPE:	Alpha
SIZE:	30
COMMENTS:	Separate name suffixes with commas (ex.: Smith, Jr.).
EDITS:	
	Fatal: <ul style="list-style-type: none">• Must be valued
FIELD NUMBER:	4
POSITION:	10-39
LINE REFERENCE NO:	3b.

NAME:	Member First Name
DESCRIPTION:	First name of the member of the household
TYPE:	Alpha
SIZE:	30
COMMENTS:	Do not include name prefixes such as Mr. or Ms.
EDITS:	
	Fatal: • Must be valued
FIELD NUMBER:	5
POSITION:	40-69
LINE REFERENCE NO:	3c.

NAME:	Member Middle Initial
DESCRIPTION:	Middle initial of the member of the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Optional information.
EDITS:	None
FIELD NUMBER:	6
POSITION:	70
LINE REFERENCE NO:	3d.

NAME: Member Birth Date

DESCRIPTION: Birth date of the member of the household.

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format. If 3h equals 'F' or 'L', may be blank.

EDITS:

- Fatal: • If 3h equals 'H', 'S', 'Y', 'E', 'A', or 'K' (person is a family member), must be valued
- Fatal: • If valued, must be MMDDYYYY format
- Fatal: • If valued, must be earlier than or equal to 2b (effective date of action)

FIELD NUMBER: 7

POSITION: 71-78

LINE REFERENCE NO: 3e.

NAME: Member Sex Code

DESCRIPTION: Gender of the member of the household

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'M' for male and 'F' for female.

EDITS:

- Fatal: • Must be valued 'M' or 'F'

FIELD NUMBER: 8

POSITION: 79

LINE REFERENCE NO: 3g.

NAME:	Member Relation Code
DESCRIPTION:	Describes the member's category in the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'H' for head, 'S' for spouse, 'K' for co-head, 'F' for foster child/foster adult, 'Y' for other youth under 18, 'E' for full-time student 18+, 'L' for live-in aid, and 'A' for other adult.
EDITS:	
	Fatal: • Must be valued 'H', 'S', 'K', 'F', 'Y', 'E', 'L' or 'A'
	Fatal: • If 3a equals '01', must equal 'H'
	Fatal: • If valued 'S', 3h for other Family Records cannot be 'K'
	Fatal: • If valued 'K', 3h for other Family Records cannot be 'S'
FIELD NUMBER:	9
POSITION:	80
LINE REFERENCE NO:	3h.

NAME:	Member Citizenship Code
DESCRIPTION:	Code indicating the member's citizenship status
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification. If 3h equals 'F' or 'L', may be blank.
EDITS:	
	Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E', or 'A', must be valued
	Fatal: • If valued, must be 'EC', 'EN', 'IN' or 'PV'
FIELD NUMBER:	10
POSITION:	81-82
LINE REFERENCE NO:	3i.

NAME: Member Disability Indicator

DESCRIPTION: Indicates if the member of the household has a disability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER: 11

POSITION: 83

LINE REFERENCE NO: 3j.

NAME: Member Race Code White Indicator

DESCRIPTION: Indicates if the race of the member of the household is white

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

Fatal: • If 3h equals 'H', must be valued

Fatal: • If valued, must be 'Y' or 'N'

Fatal: • If 3h equals 'H' and each of 3k(2), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal 'Y'

FIELD NUMBER: 12

POSITION: 84

LINE REFERENCE NO: 3k(1).

NAME:	Member Race Code Black/African American Indicator
DESCRIPTION:	Indicates if the race of the member of the household is Black/African American
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
	Fatal: • If 3h equals 'H', must be valued
	Fatal: • If valued, must equal 'Y' or 'N'
	Fatal: • If 3h equals 'H' and each of 3k(1), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal 'Y'
FIELD NUMBER:	13
POSITION:	85
LINE REFERENCE NO:	3k(2).

NAME:	Member Race Code American Indian/Alaska Native Indicator
DESCRIPTION:	Indicates if the race of the member of the household is Indian/Alaska Native
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
	Fatal: • If 3h equals 'H', must be valued
	Fatal: • If valued, must equal 'Y' or 'N'
	Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(4) and 3k(5) equals 'N' or is blank, must equal 'Y'
FIELD NUMBER:	14
POSITION:	86
LINE REFERENCE NO:	3k(3).

NAME:	Member Race Code Asian Indicator
DESCRIPTION:	Indicates if the race of the member of the household is Asian
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
	Fatal: • If 3h equals 'H', must be valued
	Fatal: • If valued, must equal 'Y' or 'N'
	Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(5) equals 'N' or is blank, must equal 'Y'
FIELD NUMBER:	15
POSITION:	87
LINE REFERENCE NO:	3k(4).

NAME:	Member Race Code Native Hawaiian/other Pacific Islander Indicator
DESCRIPTION:	Indicates if the race of the member of the household is Native Hawaiian/other Pacific Islander
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
	Fatal: • If 3h equals 'H', must be valued
	Fatal: • If valued, must equal 'Y' or 'N'
	Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(4) equals 'N' or is blank, must equal 'Y'
FIELD NUMBER:	16
POSITION:	88
LINE REFERENCE NO:	3k(5).

NAME:	Member Ethnicity Code
DESCRIPTION:	Indicates whether the individual is Hispanic or Latino
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for Hispanic or Latino and '2' for Not Hispanic or Latino. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may equal zero.
EDITS:	
	Fatal: • If 3h equals 'H', must be valued
	Fatal: • If valued, must equal '1' or '2'
FIELD NUMBER:	17
POSITION:	89
LINE REFERENCE NO:	3m.

NAME:	Member SSN
DESCRIPTION:	Social Security Number of the member of the household
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	If member of the household does not have an SSN, use '999999999'.
EDITS:	
	Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E' or 'A', must be valued
	Fatal: • If 3h equals 'H', must equal 3n in Basic Record and must be nine digits numeric
	Fatal: • If valued, must be nine digits numeric
	Fatal: • If valued, cannot equal '000000000'
FIELD NUMBER:	18
POSITION:	90-98
LINE REFERENCE NO:	3n.

NAME:	Meeting Community Service Requirement
DESCRIPTION:	Indicate if the family member meets community service requirement (Public Housing Only)
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for yes, '2' for no, '3' for pending, '4' for exempt and '5' for n/a. If 3h equals 'F', 'L', 'Y' or 'E', may be zero. If 1c does not equal 'P', leave blank.
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none">• If 1c equals 'P', must be valued<div>Fatal:</div><ul style="list-style-type: none">• If valued, must equal '1', '2', '3', '4' or '5'<div>Fatal:</div><ul style="list-style-type: none">• If valued and 2b minus 3e is less than 18, must equal '4' or '5'• If valued and 2b minus 3e is greater than or equal to 62, must equal '4' or '5'<div>Fatal:</div><ul style="list-style-type: none">• If valued and 3j equals 'Y', must equal '4' or '5'<div>Fatal:</div><ul style="list-style-type: none">• If 3h is not equal to 'H', 'S', 'K', or 'A', must equal 4 or 5<div>Fatal:</div></div>
FIELD NUMBER:	19
POSITION:	99
LINE REFERENCE NO:	3q.

NAME:	Total Years of School
DESCRIPTION:	Provide the number of years of formal education, ranging from zero to 25 years
TYPE:	Numeric
SIZE:	2
COMMENTS:	Mandatory for the Head of Household.
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none">• Range: 0 to 25, inclusive</div>
FIELD NUMBER:	20
POSITION:	100-101
LINE REFERENCE NO:	3r.

Income Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'I' for the Record Identifier for the income record.
EDITS:	
	Fatal: • Must equal 'I'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: Member Number

DESCRIPTION: The numeric value assigned to the member of the household who contributed the income

TYPE: Numeric

SIZE: 2

COMMENTS: Use the same member number that was used in 3a.

EDITS:

Fatal: • Must be valued

Fatal: • Must equal a member number (3a) from the Family Record

FIELD NUMBER: 3

POSITION: 8-9

LINE REFERENCE NO: 19a.

NAME: Income Code

DESCRIPTION: The code to indicate the source of the income for the member of the family

TYPE: Alpha

SIZE: 2

COMMENTS: Use 'P' for pension, 'S' for SSI, 'G' for general assistance, 'I' for Indian trust/per capita, 'B' for own business, 'F' for Federal wage, 'W' for other wage, 'N' for other nonwage sources, 'SS' for Social Security, 'T' for TANF, 'C' for child support, 'E' for Medical Reimbursement, 'M' for military pay, 'HA' for PHA wage, 'U' for unemployment benefits, 'IW' for annual imputed welfare income, and 'X' for MTW Income.

EDITS:

Fatal: • If 19d is greater than zero, must be valued

Fatal: • If valued, must equal 'P', 'S', 'G', 'I', 'B', 'F', 'W', 'N', 'SS', 'T', 'C', 'E', 'M', 'HA', 'U', 'IW' or 'X'

FIELD NUMBER: 4

POSITION: 10-11

LINE REFERENCE NO: 19b.

NAME: Dollars Per Year

DESCRIPTION: Identifies the dollars per year for the income source listed in 19b

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers

EDITS:

Fatal: • If 19b is valued, must be greater than zero

Fatal: • Must be greater than or equal to zero and less than 150000

FIELD NUMBER: 5

POSITION: 12-17

LINE REFERENCE NO: 19d.

NAME: Income Exclusions

DESCRIPTION: Amount of inclusions earned income excluded per year

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollars

EDITS: Fatal: • Must be greater than or equal to zero and less than 150000

• Must be less than or equal to 19d

Fatal:

FIELD NUMBER: 6

POSITION: 18-23

LINE REFERENCE NO: 19e.

Asset Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'A' for the Record Identifier for the asset record.
EDITS:	
	Fatal: • Must equal 'A'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	Family Member Number
DESCRIPTION:	The numeric value assigned to the member of the household who contributed the asset
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use the same number that was used in 3a
EDITS:	
	Fatal: <ul style="list-style-type: none">• Must be valued
	Fatal: <ul style="list-style-type: none">• Must equal a 3a value (member number) in Family Records
FIELD NUMBER:	3
POSITION:	8-9
LINE REFERENCE NO:	18a.

NAME:	Type of Asset (PHA Use)
DESCRIPTION:	The type of asset for the family member number shown in 18a
TYPE:	Alphanumeric
SIZE:	50
COMMENTS:	The description of the asset contributed by the family member. Use a separate line for each type of asset.
EDITS:	
	Fatal: <ul style="list-style-type: none">• Must be valued if 18a is valued
FIELD NUMBER:	4
POSITION:	10-59
LINE REFERENCE NO:	18b.

NAME:	Calculation (PHA Use)
DESCRIPTION:	The calculation associated with the asset in 18b
TYPE:	Alphanumeric
SIZE:	50
COMMENTS:	Any calculation associated with that asset
EDITS:	None
FIELD NUMBER:	5
POSITION:	60-109
LINE REFERENCE NO:	18c.

NAME:	Cash Value of Assets
DESCRIPTION:	The cash value of each asset listed
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If valued, must be greater than zero
	Fatal: <ul style="list-style-type: none">• Must be valued if 18e is valued
FIELD NUMBER:	6
POSITION:	110-115
LINE REFERENCE NO:	18d.

NAME:	Anticipated Income
DESCRIPTION:	The cash value of each asset listed
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If type of asset is not a blank, must be valued
	Fatal: <ul style="list-style-type: none">• If valued, must be greater than zero
FIELD NUMBER:	7
POSITION:	116-121
LINE REFERENCE NO:	18e.

Public Housing Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'P' for the Record Identifier for the Public Housing record.
EDITS:	
	Fatal: • Must equal 'P'
	Fatal: • 1c in the Basic Record must equal 'P'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: Flat Rent or Income Based Rent Indicator

DESCRIPTION: Indicate whether the family is paying a Flat Rent or an Income Based Rent

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for Flat Rent or 'I' for Income Based Rent to indicate the type of rent

EDITS:

Fatal: • Must equal 'F' or 'I'

Fatal: • Must be valued if 1c equals 'P'

FIELD NUMBER: 3

POSITION: 8

LINE REFERENCE NO: 20a.

NAME: Tenant Rent

DESCRIPTION: Amount of rent the tenant must pay through MTW

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers.

EDITS:

Fatal: • If valued, 1c must equal 'P'

Fatal: • Must be greater than -2500 and less than 2500

FIELD NUMBER: 4

POSITION: 9-14

LINE REFERENCE NO: 20b.

NAME: **Mixed Family Tenant Rent**

DESCRIPTION: Amount of rent the tenant must pay through MTW based on the Noncitizen Rule

TYPE: Numeric

SIZE: 6

COMMENTS: Use positive or negative numbers. If 20a equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:

- Fatal: • If valued, 1c must equal 'P'
- Fatal: • Must be greater than -3500 and less than 3500

FIELD NUMBER: 5

POSITION: 15-20

LINE REFERENCE NO: 20c.

NAME: **Utility Allowance/Estimate**

DESCRIPTION: Allowance determined for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, put zero.

EDITS:

- Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER: 6

POSITION: 21-24

LINE REFERENCE NO: 20d.

NAME: Ceiling Rent Indicator

DESCRIPTION: Indicate whether the family's rent is the ceiling rent

TYPE: Alphanumeric

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 7

POSITION: 25

LINE REFERENCE NO: 20e.

NAME: Reserved

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD.

EDITS:

Fatal: • Must be blank

FIELD NUMBER: 8

POSITION: 26-30

LINE REFERENCE NO: 20f.

Tenant-Based/Project-Based Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'M' for the Record Identifier for the MTW tenant-based/project based record format.
EDITS:	
	Fatal: • Must equal 'M'
	Fatal: • 1c must equal 'PR' or 'T'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: Date Unit Last Passed HQS Inspection

DESCRIPTION: The date the unit last passed inspection

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

Fatal: • Must be MMDDYYYY format

FIELD NUMBER: 3

POSITION: 8-15

LINE REFERENCE NO: 5h.

NAME: Date of Last Annual HQS Inspection

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

Fatal: • Must be MMDDYYYY format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: Flat Subsidy or Income Based Subsidy Indicator

DESCRIPTION: Indicate if the family is receiving a flat subsidy or an income based subsidy

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for Flat subsidy and 'I' for Income-based

EDITS:

Fatal: • If valued, must equal 'F' or 'I'

FIELD NUMBER: 5

POSITION: 24

LINE REFERENCE NO: 21a.

NAME: Number of Bedrooms on Voucher/Equivalent

DESCRIPTION: The number of bedrooms listed on the voucher or equivalent

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TYPE: Numeric
SIZE: 1
COMMENTS: Use whole numbers
EDITS:
Fatal: • Must be greater than or equal to zero and less than or equal to 9
FIELD NUMBER: 6
POSITION: 25
LINE REFERENCE NO: 21b.

NAME: Family Moving Into Unit Indicator
DESCRIPTION: Indicates that the family is now moving into this unit
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • Must equal 'Y' or 'N'
Fatal: • If 2a equals '4' or '7', must equal 'Y'
FIELD NUMBER: 7
POSITION: 26
LINE REFERENCE NO: 21c.

NAME: Portability Indicator

DESCRIPTION: Indicates that this family moved into this PHA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 8

POSITION: 27

LINE REFERENCE NO: 21d.

NAME: Cost Billed per Month

DESCRIPTION: Monthly amount billed to another PHA for this family

TYPE: Numeric

SIZE: 5

COMMENTS: Enter '0' if this PHA has absorbed this family into it's own program.

EDITS:

Fatal: • If valued, must be greater than or equal to zero and less than 5000

Fatal: • If 21d equals 'N', must equal zero

FIELD NUMBER: 9

POSITION: 28-32

LINE REFERENCE NO: 21e.

NAME:	PHA Code Billed
DESCRIPTION:	ID number of PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	None
EDITS:	
	Fatal: • If 21e is greater than zero, must be valued
	Fatal: • If valued, must equal a valid PHA code
	Fatal: • If valued, cannot equal 1b
FIELD NUMBER:	10
POSITION:	33-37
LINE REFERENCE NO:	21f.

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NAME: **Owner Name**
DESCRIPTION: Name of unit owner
TYPE: Alphanumeric
SIZE: 35
COMMENTS: None
EDITS:
Fatal: • Must be valued
FIELD NUMBER: 11
POSITION: 38-72
LINE REFERENCE NO: 21g.

NAME: **Owner TIN/SSN**
DESCRIPTION: Tax Identification or Social Security Number of the owner
TYPE: Alphanumeric
SIZE: 9
COMMENTS: Enter either the TIN or the Owner SSN.
EDITS:
Fatal: • Must be valued with nine digit alphanumeric
FIELD NUMBER: 12
POSITION: 73-81
LINE REFERENCE NO: 21h.

NAME: **Rent to Owner**
DESCRIPTION: Monthly rent payable to owner
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollars.
EDITS:
Fatal: • Must be greater than or equal to 5 and less than 3000
FIELD NUMBER: 13
POSITION: 82-86
LINE REFERENCE NO: 21i.

NAME: Utility Allowance/Estimate

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, use zero.

EDITS:

Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER: 14

POSITION: 87-90

LINE REFERENCE NO: 21j.

NAME: Gross Rent of Unit

DESCRIPTION: The contract rent to owner plus the utility allowance

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers.

EDITS:

Fatal: • Must be greater than or equal to zero and less than 5000

Fatal: • Must equal the sum of 21i and 21j

FIELD NUMBER: 15

POSITION: 91-95

LINE REFERENCE NO: 21k.

NAME:	Flat Subsidy Amount If Any
DESCRIPTION:	Provide the amount of the flat subsidy
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole dollars
EDITS:	
	Fatal: • If valued, 21a must equal 'F'
	Fatal: • Must be a number equal to or greater than zero and equal to or less than 5000
FIELD NUMBER:	16
POSITION:	96-100
LINE REFERENCE NO:	21m.

NAME:	Tenant Rent to Owner
DESCRIPTION:	Amount of tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers.
EDITS:	
	Fatal: • Must be greater than -1400 and less than 5000
FIELD NUMBER:	17
POSITION:	101-106
LINE REFERENCE NO:	21n.

NAME: **Mixed Family Tenant Rent to Owner**

DESCRIPTION: Tenant rent as determined by the citizenship composition of the family

TYPE: Numeric

SIZE: 6

COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:

Fatal: • If valued, must be greater than -3500 and less than 3500

Fatal: • If valued, 3u must equal 'P'

FIELD NUMBER: 18

POSITION: 107-112

LINE REFERENCE NO: 21p.

NAME: **Ceiling Rent Indicator**

DESCRIPTION: Indicate whether the family's rent is the ceiling rent

TYPE: Numeric

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 19

POSITION: 113

LINE REFERENCE NO: 21q.

NAME:	Reserved
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
	Fatal: • Must be blank
FIELD NUMBER:	20
POSITION:	114-118
LINE REFERENCE NO:	21r.

Homeownership Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use 'H' for the Record Identifier for the homeownership record format.
EDITS:	
	Fatal: • Must equal 'H'
	Fatal: • 1c in the Basic Record must be 'P' or 'T'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: Flat Subsidy or Income Based Subsidy Indicator
DESCRIPTION: Indicate if the family is receiving a flat subsidy or an Income based homeownership subsidy
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'F' for Flat subsidy and 'I' for Income-based
EDITS:
Fatal: • If valued, must equal 'F' or 'I'
FIELD NUMBER: 3
POSITION: 8
LINE REFERENCE NO: 22a.

NAME: Family Now Moving Indicator
DESCRIPTION: Indicate if the family is now moving to this home
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' and 'N'
EDITS:
Fatal: • Must equal 'Y' or 'N'
FIELD NUMBER: 4
POSITION: 9
LINE REFERENCE NO: 22b.

NAME: Date of Initial HQS Inspection
DESCRIPTION: The date the home was initially inspected by HUD HQS
TYPE: Date
SIZE: 8
COMMENTS: Use MMDDYYYY format.
EDITS:
Fatal: • If valued, must be MMDDYYYY format
FIELD NUMBER: 5
POSITION: 10-17
LINE REFERENCE NO: 22c.

NAME: Portability Indicator
DESCRIPTION: Indicates that this family moved into this PHA jurisdiction under

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portability
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • Must be 'Y' or 'N'
Fatal: • If 2a equals '4', must equal 'Y'
FIELD NUMBER: 6
POSITION: 18
LINE REFERENCE NO: 22d.

NAME: **Cost Billed per Month**
DESCRIPTION: Monthly amount billed to another PHA for this family
TYPE: Numeric
SIZE: 4
COMMENTS: Enter '0' if this PHA has absorbed this family into it's own program.
EDITS:
Fatal: • If valued, must be greater than or equal to zero and less than 5000
Fatal: • If 22d equals 'N', must equal zero
FIELD NUMBER: 7
POSITION: 19-22
LINE REFERENCE NO: 22e.

NAME: PHA Code Billed

DESCRIPTION: ID number of PHA billed under portability

TYPE: Alphanumeric

SIZE: 5

COMMENTS: None

EDITS:

- Fatal: • If 22d equals 'Y', must be valued
- Fatal: • If 22e is greater than zero, must be valued
- Fatal: • If valued, must equal a valid PHA code
- Fatal: • If 22d equals 'N' and 22e equals zero, leave blank
- Fatal: • If valued, cannot be equal to 1b

FIELD NUMBER: 8

POSITION: 23-27

LINE REFERENCE NO: 22f.

NAME: Monthly Homeownership Payment

DESCRIPTION: Provide the payment information related to homeownership

TYPE: Numeric

SIZE: 4

COMMENTS: Include PITI and MIP if applicable

EDITS:

- Fatal: • Must be greater than or equal to 5 and less than 3000

FIELD NUMBER: 9

POSITION: 28-31

LINE REFERENCE NO: 22g.

NAME: Utility Allowance/Estimate

DESCRIPTION: Allowance determined for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, put zero.

EDITS:

Fatal: • If valued, must be greater than or equal to zero and less than 1400

FIELD NUMBER: 10

POSITION: 32-35

LINE REFERENCE NO: 22h.

NAME: Other Monthly Allowance

DESCRIPTION: Any other monthly allowances that the homeowner receives

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, put zero.

EDITS:

Fatal: • If valued, must be greater than or equal to zero and less than 1400

FIELD NUMBER: 11

POSITION: 36-39

LINE REFERENCE NO: 22i.

NAME: **Gross Homeownership Expense**
DESCRIPTION: The total amount of homeownership expenses
TYPE: Numeric
SIZE: 4
COMMENTS: Sum of Monthly homeownership payment, Utility allowance, and any other monthly allowances. Use whole number.
EDITS:
Fatal: • Must equal sum of 22g, 22h, and 22i
FIELD NUMBER: 12
POSITION: 40-43
LINE REFERENCE NO: 22j.

NAME: **Flat Subsidy Amount**
DESCRIPTION: Provide the amount of the flat subsidy
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollars
EDITS:
Fatal: • If valued, 22a must equal 'F'
Fatal: • Must be a number equal to or greater than zero and equal to or less than 5000
FIELD NUMBER: 13
POSITION: 44-48
LINE REFERENCE NO: 22k.

NAME: Total Family Share

DESCRIPTION: Amount of tenant rent

TYPE: Numeric

SIZE: 4

COMMENTS: Use positive or negative numbers.

EDITS:

Fatal: • If valued, must be greater than -1400 and less than 5000

FIELD NUMBER: 14

POSITION: 49-52

LINE REFERENCE NO: 22m.

NAME: Mixed Family Total Family Share

DESCRIPTION: Tenant rent as determined by the citizenship composition of the family

TYPE: Numeric

SIZE: 5

COMMENTS: Determine the rent based on the Citizenship rule. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', put zero

Fatal: • If 3u equals 'P', must be greater than -1400 and less than 5000

FIELD NUMBER: 15

POSITION: 53-57

LINE REFERENCE NO: 22n.

NAME: Ceiling Family Share Indicator

DESCRIPTION: Indicate whether the family's share is the ceiling amount

TYPE: Numeric

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 16

POSITION: 58

LINE REFERENCE NO: 22p.

NAME: Reserved

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD.

EDITS:

Fatal: • Must be blank

FIELD NUMBER: 17

POSITION: 59-63

LINE REFERENCE NO: 22q.

Family Self Sufficiency Record Format

NAME:	Record Identifier
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'S' for the Record Identifier for the Self Sufficiency MTW Addendum record format.
EDITS:	
	Fatal: • Must equal 'S'
	Fatal: • 2k or 2m must equal 'Y'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	Record Number
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: **Special Program FSS Participation Indicator**
DESCRIPTION: Indicates whether the family participates in the FSS program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • Must equal 'Y' or 'N'
Fatal: • If 23a(2) equals 'N', must be 'Y'
FIELD NUMBER: 3
POSITION: 8
LINE REFERENCE NO: 23a(1).

NAME: **MTW Self Sufficiency Program Indicator**
DESCRIPTION: Indicates whether the family participates in the MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • Must equal 'Y' or 'N'
Fatal: • If 23a(1) equals 'N', then 23a(2) must be 'Y'
FIELD NUMBER: 4
POSITION: 9
LINE REFERENCE NO: 23a(2).

NAME: Report Category

DESCRIPTION: Indicates the Self Sufficiency report category

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'E' for enrollment, 'P' for progress, and 'X' for exit.

EDITS:

Fatal: • Must equal 'E', 'P' or 'X'

FIELD NUMBER: 5

POSITION: 10

LINE REFERENCE NO: 23b.

NAME: Effective Date of Self Sufficiency Action

DESCRIPTION: This is the effective date of the self sufficiency action for the family participating the Self Sufficiency program

TYPE: Date

SIZE: 8

COMMENTS: Must be in MMDDYYYY format.

EDITS:

Fatal: • Must be valued in 'MMDDYYYY' format

FIELD NUMBER: 6

POSITION: 11-18

LINE REFERENCE NO: 23c.

NAME: PHA Code of PHA that Administers Contract

DESCRIPTION: Indicates the PHA code of PHA administering the contract

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use valid PHA code.

EDITS:

Fatal: • Must be valued with a valid PHA code

FIELD NUMBER: 7

POSITION: 19-23

LINE REFERENCE NO: 23d.

NAME: Reserved

DESCRIPTION: Reserved for future use if instructed by HUD

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TYPE: Numeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:

Fatal: • Must be blank

FIELD NUMBER: 8
POSITION: 24-28
LINE REFERENCE NO: 23e.

NAME: **Reserved**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Numeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:

Fatal: • Must be blank

FIELD NUMBER: 9
POSITION: 29-33
LINE REFERENCE NO: 23f.

NAME: **Reserved**
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Numeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:

Fatal: • Must be blank

FIELD NUMBER: 10
POSITION: 34-38
LINE REFERENCE NO: 23g.

NAME: **Employed Status Indicator**
DESCRIPTION: Indicates the employment status of the head of household
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'F' for Full-time, 'P' for Part-time, or 'N' for Not employed.
EDITS:
Fatal: • If 23b equals 'E' or 'P', 23h(1) must equal 'F', 'P' or 'N'
Fatal: • If 23m(1) equals 'Y', 23h(1) must equal 'F', 'P' or 'N'
FIELD NUMBER: 11
POSITION: 39
LINE REFERENCE NO: 23h(1).

NAME: **Date Current Employment Began**
DESCRIPTION: Indicates the start date of the current employment
TYPE: Date
SIZE: 8
COMMENTS: Must be in MMDDYYYY format.
EDITS:
Fatal: • If 23h(1) equals 'F' or 'P', must be valued
Fatal: • If 23h(1) equals 'N' or is blank, must be blank
Fatal: • If valued, must be in 'MMDDYYYY' format
FIELD NUMBER: 12
POSITION: 40-47
LINE REFERENCE NO: 23h(2).

NAME: Benefits in Current Employment – Health Indicator

DESCRIPTION: Indicates health benefit in the current employment

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23h(1) equals 'F' or 'P', must equal 'Y' or 'N'

Fatal: • If 23h(1) equals 'N' or is blank, must be blank

FIELD NUMBER: 13

POSITION: 48

LINE REFERENCE NO: 23h(3)(A).

NAME: Benefits in Current Employment – Retirement Account Indicator

DESCRIPTION: Indicates retirement account benefit in the current employment

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23h(1) equals 'F' or 'P', must be 'Y' or 'N'

Fatal: • If 23h(1) equals 'N' or is blank, must be blank

FIELD NUMBER: 14

POSITION: 49

LINE REFERENCE NO: 23h(3)(B).

NAME: Benefits in Current Employment – Other Indicator

DESCRIPTION: Indicates other benefit in the current employment

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23h(1) equals 'F' or 'P', must be 'Y' or 'N'

Fatal: • If 23h(1) equals 'N' or is blank, must be blank

FIELD NUMBER: 15

POSITION: 50

LINE REFERENCE NO: 23h(3)(C).

NAME: Reserved

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD.

EDITS:

Fatal: • Must be blank

FIELD NUMBER: 16

POSITION: 51-55

LINE REFERENCE NO: 23h(4).

NAME: Family Receives TANF Income Assistance Indicator

DESCRIPTION: Indicates if the family receives TANF Income Assistance

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'E' or 'P', must be valued 'Y' or 'N'

FIELD NUMBER: 17

POSITION: 56

LINE REFERENCE NO: 23h(5)(A).

NAME: Family Receives General Assistance Indicator

DESCRIPTION: Indicates if the family receives General Assistance

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b 'E' or 'P', must be valued 'Y' or 'N'

FIELD NUMBER: 18

POSITION: 57

LINE REFERENCE NO: 23h(5)(B).

NAME: Family Currently Receives Food Stamps Indicator

DESCRIPTION: Indicates whether the family is receiving food stamps

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS:

Fatal: • If 23b equals 'E' or 'P', must be valued 'Y' or 'N'

FIELD NUMBER: 19

POSITION: 58

LINE REFERENCE NO: 23h(5)(C).

NAME: Family Currently Receives Medicaid/Children's Health Insurance Program Indicator

DESCRIPTION: Indicates whether the family is receiving Medicaid/Children's Health Insurance Program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'E' or 'P', must be valued 'Y' or 'N'

FIELD NUMBER: 20

POSITION: 59

LINE REFERENCE NO: 23h(5)(D).

NAME: Family Receives Earned Income Tax Credit Indicator

DESCRIPTION: Indicates whether the family receives the Earned Income Tax Credit

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'E' or 'P', must be valued 'Y' or 'N'

FIELD NUMBER: 21

POSITION: 60

LINE REFERENCE NO: 23h(5)(E).

NAME:	Number of Children Receiving Child Care Services
DESCRIPTION:	Indicates the number of children in the family receiving child care services
TYPE:	Numeric
SIZE:	1
COMMENTS:	None
EDITS:	
	Fatal: • If 23b equals 'E' or 'P', must be valued
	Fatal: • If valued, must be less than 3t
FIELD NUMBER:	22
POSITION:	61
LINE REFERENCE NO:	23h(6).

NAME:	GED Needs Indicator
DESCRIPTION:	Indicates if the family is enrolled or receiving this service during the reporting period
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER:	23
POSITION:	62
LINE REFERENCE NO:	23i(1)(A).

NAME: **High School Needs Indicator**

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 24

POSITION: 63

LINE REFERENCE NO: 23i(1)(B).

NAME: **Post Secondary Needs Indicator**

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 25

POSITION: 64

LINE REFERENCE NO: 23i(1)(C).

NAME: Vocational/Job Training Needs Indicator

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 26

POSITION: 65

LINE REFERENCE NO: 23i(1)(D).

NAME: Job Search/Job Placement Needs Indicator

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 27

POSITION: 66

LINE REFERENCE NO: 23i(1)(E).

NAME: **Job Retention Needs Indicator**

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 28

POSITION: 67

LINE REFERENCE NO: 23i(1)(F).

NAME: **Transportation Needs Indicator**

DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 29

POSITION: 68

LINE REFERENCE NO: 23i(1)(G).

NAME: **Health Services Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 30
POSITION: 69
LINE REFERENCE NO: 23i(1)(H).

NAME: **Alcohol and Other Drug Abuse Prevention Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 31
POSITION: 70
LINE REFERENCE NO: 23i(1)(I).

NAME: **Mentoring Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 32
POSITION: 71
LINE REFERENCE NO: 23i(1)(J).

NAME: **Homeownership Counseling Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 33
POSITION: 72
LINE REFERENCE NO: 23i(1)(K).

NAME: **Individual Development Account (IDA) Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 34
POSITION: 73
LINE REFERENCE NO: 23i(1)(L).

NAME: **Child Care Needs Indicator**
DESCRIPTION: Indicates if the family is enrolled or receiving this service during the reporting period
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 35
POSITION: 74
LINE REFERENCE NO: 23i(1)(M).

NAME: **No Needs Indicator**
DESCRIPTION: Indicates that no service is needed
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If valued, must equal 'Y' or 'N'
FIELD NUMBER: 36
POSITION: 75
LINE REFERENCE NO: 23i(1)(N).

NAME: **GED Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS or MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If 23b equals 'P' or 'X' and 23i(1)(A) is valued, must equal 'Y' or 'N'
FIELD NUMBER: 37
POSITION: 76
LINE REFERENCE NO: 23i(2)(A).

NAME:	High School Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS or MTW Self Sufficiency program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: • If 23b equals 'P' or 'X' and 23i(1)(B) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	38
POSITION:	77
LINE REFERENCE NO:	23i(2)(B).

NAME:	Post Secondary Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23b equals 'P' or 'X' and 23i(1)(C) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	39
POSITION:	78
LINE REFERENCE NO:	23i(2)(C).

NAME:	Vocational/Job Training Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS/MTW Self Sufficiency Program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23b equals 'P' or 'X' and 23i(1)(D) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	40
POSITION:	79
LINE REFERENCE NO:	23i(2)(D).

NAME:	Job Search/Job Placement Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: • If 23b equals 'P' or 'X' and 23i(1)(E) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	41
POSITION:	80
LINE REFERENCE NO:	23i(2)(E).

NAME:	Job Retention Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: • If 23b equals 'P' or 'X' and 23i(1)(F) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	42
POSITION:	81
LINE REFERENCE NO:	23i(2)(F).

NAME: **Transportation Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If 23b equals 'P' or 'X' and 23i(1)(G) is valued, must equal 'Y' or 'N'
FIELD NUMBER: 43
POSITION: 82
LINE REFERENCE NO: 23i(2)(G).

NAME: **Health Services Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If 23b equals 'P' or 'X' and 23i(1)(H) is valued, must equal 'Y' or 'N'
FIELD NUMBER: 44
POSITION: 83
LINE REFERENCE NO: 23i(2)(H).

NAME: Alcohol and Other Drug Abuse Prevention Services Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'P' or 'X' and 23i(1)(I) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 45

POSITION: 84

LINE REFERENCE NO: 23i(2)(I).

NAME: Mentoring Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'P' or 'X' and 23i(1)(J) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 46

POSITION: 85

LINE REFERENCE NO: 23i(2)(J).

NAME: Homeownership Counseling Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'P' or 'X' and 23i(1)(K) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 47

POSITION: 86

LINE REFERENCE NO: 23i(2)(K).

NAME: Individual Development Account (IDA) Needs Met Indicator

DESCRIPTION: Indicates if the program or service was completed during the reported period

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'P' or 'X' and 23i(1)(L) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 48

POSITION: 87

LINE REFERENCE NO: 23i(2)(L).

NAME:	Child Care Needs Met Indicator
DESCRIPTION:	Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23b equals 'P' or 'X' and 23i(1)(M) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	49
POSITION:	88
LINE REFERENCE NO:	23i(2)(M).

NAME:	GED Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the GED need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(A) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23i(2)(A) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	50
POSITION:	89-91
LINE REFERENCE NO:	23i(3)(A).

NAME: **High School Needs Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/MTW need

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(B) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 23i(2)(B) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 51

POSITION: 92-94

LINE REFERENCE NO: 23i(3)(B).

NAME: **Post Secondary Needs Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/MTW need

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(C) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 23i(2)(C) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 52

POSITION: 95-97

LINE REFERENCE NO: 23i(3)(C).

NAME: Vocational/Job Training Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/MTW need

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(D) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 23i(2)(D) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 53

POSITION: 98-100

LINE REFERENCE NO: 23i(3)(D).

NAME: Job Search/Job Placement Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW need

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(E) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 23i(2)(E) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 54

POSITION: 101-103

LINE REFERENCE NO: 23i(3)(E).

NAME:	Job Retention Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(F) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(F) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	55
POSITION:	104-106
LINE REFERENCE NO:	23i(3)(F).

NAME:	Transportation Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(G) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(G) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	56
POSITION:	107-109
LINE REFERENCE NO:	23i(3)(G).

NAME:	Health Services Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(H) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(H) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	57
POSITION:	110-112
LINE REFERENCE NO:	23i(3)(H).

NAME:	Alcohol and Other Drug Abuse Prevention Services Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(I) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(I) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	58
POSITION:	113-115
LINE REFERENCE NO:	23i(3)(I).

NAME:	Mentoring Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(J) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(J) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	59
POSITION:	116-118
LINE REFERENCE NO:	23i(3)(J).

NAME:	Homeownership Counseling Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(K) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: • If 23i(2)(K) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	60
POSITION:	119-121
LINE REFERENCE NO:	23i(3)(K).

NAME:	Individual Development Account (IDA) Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(L) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23i(2)(L) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	61
POSITION:	122-124
LINE REFERENCE NO:	23i(3)(L).

NAME:	Child Care Needs Service Provider
DESCRIPTION:	Indicates the service provider that met the FSS/MTW need
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For-Profit entity, 'N' for Nonprofit agency, 'E' for Employer and 'C' for Community College. If 23i(2)(M) equals 'N' or is blank, leave blank.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If 23i(2)(M) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	62
POSITION:	125-127
LINE REFERENCE NO:	23i(3)(M).

NAME:	Initial Start Date of Contract of Participation
DESCRIPTION:	Beginning date of the contract of Self Sufficiency participation
TYPE:	Date
SIZE:	6
COMMENTS:	Use MMYYYY format.
EDITS:	
	Fatal: <ul style="list-style-type: none">• If valued, must be valued MMYYYY format
	Fatal: <ul style="list-style-type: none">• If valued, must have the same month and year as 23c
	Fatal: <ul style="list-style-type: none">• If 23b equals 'P' or 'X', must be blank
FIELD NUMBER:	63
POSITION:	128-133
LINE REFERENCE NO:	23j(1).

NAME: Initial End Date of Contract of Participation

DESCRIPTION: The original end date of the contract of self sufficiency participation

TYPE: Date

SIZE: 6

COMMENTS: Use MMYYYY format.

EDITS:

Fatal: • If valued, must be valued in MMYYYY format

Fatal: • If 23b equals 'P' or 'X' or is blank, must be blank

FIELD NUMBER: 64

POSITION: 134-139

LINE REFERENCE NO: 23j(2).

NAME: Contract Extension Date

DESCRIPTION: Date through which the self sufficiency contract was extended

TYPE: Date

SIZE: 6

COMMENTS: Use MMYYYY format.

EDITS:

Fatal: • If valued, must be MMYYYY format

Fatal: • If valued, 23b must equal 'P'

FIELD NUMBER: 65

POSITION: 140-145

LINE REFERENCE NO: 23j(3).

NAME: Number of Family Members with Individual Training and Services Plan

DESCRIPTION: Indicates the number of family members with individual training and services plan

TYPE: Numeric

SIZE: 2

COMMENTS: Must be numeric.

EDITS:

- Fatal:
 - If 23b equals 'E' or 'P' and 23a(1) equals 'Y' , must be valued
 - If valued, must be greater than or equal to 1 and less than or equal to 3t
- Fatal: equal to 3t

FIELD NUMBER: 66

POSITION: 146-147

LINE REFERENCE NO: 23j(4).

NAME: Selection Preference

DESCRIPTION: Indicates whether the family received selection preference based on service program participation

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 23b equals 'P' or 'X' or is blank, leave blank.

EDITS:

- Fatal:
 - If 23b equals 'E', must be 'Y' or 'N'

FIELD NUMBER: 67

POSITION: 148

LINE REFERENCE NO: 23j(5).

NAME: **Current Monthly Credit**
DESCRIPTION: The current monthly credit as of the date of action
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole number. If 23b equals 'E' or is blank, put zero.
EDITS:
Fatal: • If 23a(1) equals 'Y' and 23b equals 'P' or 'X', must be valued
FIELD NUMBER: 68
POSITION: 149-153
LINE REFERENCE NO: 23k(1).

NAME: **Current Account Balance**
DESCRIPTION: The current account balance as of the date of action
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole number. If 23b equals 'E' or is blank, put zero.
EDITS:
Fatal: • If 23a(1) equals 'Y' and 23b equals 'P' or 'X', must be valued
• If valued, must be greater than or equal to zero and less than
Fatal: or equal to 99999
FIELD NUMBER: 69
POSITION: 154-158
LINE REFERENCE NO: 23k(2).

NAME: Current Amount Disbursed to the Family

DESCRIPTION: The current amount disbursed to the family

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers; If none, put zero.

EDITS:

Fatal: • If 23a(1) equals 'Y' and 23b equals 'P', must be valued

Fatal: • If valued, must be greater than or equal to zero and less than or equal to 99999

FIELD NUMBER: 70

POSITION: 159-163

LINE REFERENCE NO: 23k(3).

NAME: Completed Contract Participation Indicator

DESCRIPTION: Indicates if the family exited the program because of contract completion

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • If 23b equals 'X', must be 'Y' or 'N'

Fatal: • If 23b equals 'P' or 'E' or is blank, must be blank

FIELD NUMBER: 71

POSITION: 164

LINE REFERENCE NO: 23m(1).

NAME: **Left Because Family Moving to Homeownership Indicator**
DESCRIPTION: Indicates if the family exited the self sufficiency program and moving to homeownership
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Fatal: • If 23m(1) equals 'Y', must be 'Y' or 'N'
Fatal: • If 23m(1) equals 'N' or is blank, must be blank
FIELD NUMBER: 72
POSITION: 165
LINE REFERENCE NO: 23m(2).

NAME: **Reason for Exiting Program**
DESCRIPTION: Indicates the reason for the family's exit from the self sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use the following values: A = Left voluntarily; B = Asked to leave program; C = Portability move out; D = Left because essential service was unavailable; E = Contract expired but family did not fulfill obligation.
EDITS:
Fatal: • If 23m(1) equals 'N', must be 'A', 'B', 'C', 'D' or 'E'
Fatal: • If 23m(1) equals 'Y' or is blank, must be blank
FIELD NUMBER: 73
POSITION: 166
LINE REFERENCE NO: 23m(3).

Transmission Footer Format

NAME: **Record Identifier**
DESCRIPTION: A number to identify the end of the file containing MTW data
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Set to 'MTW58'.
EDITS:

Fatal: • Must be set to 'MTW58'

FIELD NUMBER: 1
POSITION: 1-5
LINE REFERENCE NO: n/a

NAME: **Record Number**
DESCRIPTION: A number to identify the record in the file
TYPE: Numeric
SIZE: 6
COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.
EDITS: None
FIELD NUMBER 2
POSITION: 6-11
LINE REFERENCE NO: n/a

NAME: **Number of Forms in Submission**
DESCRIPTION: The number of MTW forms included in the submission
TYPE: Numeric
SIZE: 6
COMMENTS: Must contain the number of MTW forms sent to HUD.
EDITS: None
FIELD NUMBER: 3
POSITION: 12-17
LINE REFERENCE NO: n/a

Chapter 3. Form HUD-50058 MTW
Transmission File Layout
April 3, 2001

Transmission Header

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	5
2	n/a	Record Number	6	6
3	n/a	Owner/PHA Mailbox ID	12	10
4	n/a	Service/Return ID	22	10
5	n/a	Transmission Date	32	8
6	n/a	Transmission Time	40	6
7	n/a	Software Vendor ID	46	5
8	n/a	Vendor Software/Version Number	51	10
9	n/a	MTW-50058 Form Version Date	61	8
10	n/a	Vendor Defined Data	69	10

Basic Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	n/a	Date Last Modified	8	8
4	1b.	PHA Code	16	5
5	1c.	Program	21	2
6	1d(1).	Project Number	23	8
7	1d(2).	Project Number Suffix	31	3
8	1e.	Building Number	34	6
9	1f.	Building Entrance Number	40	3
10	1g.	Unit Number	43	10
11	2a.	Type of Action	53	2
12	2b.	Effective Date of Action	55	8
13	2c.	Correction	63	1
14	2d.	Correction Code	64	1
15	2e.	Correction Transmitted Date	65	8
16	2f.	Repayment Agreement Indicator	73	1
17	2g.	Monthly Amount of Repayment	74	4
18	2h.	Date of Admission to Program	78	8
19	2i.	Projected Effective Date of Next Reexam	86	8
20	2j.	Date Admitted to MTW program	94	8
21	2k.	FSS Participant Now or in the Last Year	102	1
22	2m.	MTW Self Sufficiency Program Participant	103	1
23	2n.	Reserved	104	5
24	2p.	Use If Instructed by HUD	109	5
25	2q.	PHA Use Only (1)	114	15
26	2r.	PHA Use Only (2)	129	10
27	2s.	PHA Use Only (3)	139	10
28	2t.	PHA Use Only (4)	149	20
29	2u.	PHA Use Only (5)	169	30
30	3n.	SSN of Head of Household	199	9
31	3t.	Total Number in Household	208	2
32	3u.	Family Subsidy Status under Noncitizen Rule	210	1
33	3v.	Effective Date of Family Subsidy Status	211	8
34	3w.	Former HoH SSN	219	9
35	4a.	Date Entered Waiting List	228	8
36	4b.	Zip Code Before Admission	236	5
37	4b.	Zip Code +4 Before Admission	241	4
38	4c.	Homeless at Admission Indicator	245	1
39	4d.	Reserved	246	1
40	4e.	Continuously Assisted Indicator	247	1
41	4f.	Reserved	248	5
42	5a.	Unit Address (Number and Street)	253	100

Moving to Work Technical Reference Guide

43	5a.	Unit Apartment Number	353	10
44	5a.	Unit City	363	30
45	5a.	Unit State	393	2
46	5a.	Unit Zip Code	395	5
47	5a.	Unit Zip +4	400	4
48	5b.	Family Mailing Address Indicator	404	1
49	5c.	Family Mailing Address	405	100
50	5c.	Family Mailing Apartment Number	505	10
51	5c.	Family Mailing City	515	30
52	5c.	Family Mailing State	545	2
53	5c.	Family Mailing Zip Code	547	5
54	5c.	Family Mailing Zip Code +4	552	4
55	5d.	Number of Bedrooms in Unit	556	1
56	5e.	PHA Identified Accessible Unit Indicator	557	1
57	5f.	Family Requested Accessibility Features Indicator	558	1
58	5g.	Family Received Accessibility Features Indicator	559	1
59	5j.	Year Unit Was Built	560	4
60	5k.	Structure Type	564	1
61	18f.	Total Cash Value of Assets	565	6
62	18g.	Total Anticipated Asset Income	571	6
63	18h.	Passbook Rate	577	4
64	18i.	Imputed Asset Income	581	6
65	18j.	Final Asset Income	587	6
66	19i.	Total Annual Income	593	6
67	19j.	Deductions	599	6
68	19k.	Adjusted Annual Income	605	6

Family Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	3a.	Member Number	8	2
4	3b.	Member Last Name	10	30
5	3c.	Member First Name	40	30
6	3d.	Member Middle Initial	70	1
7	3e	Member Birth Date	71	8
8	3g.	Member Sex Code	79	1
9	3h.	Member Relation Code	80	1
10	3i.	Member Citizenship Code	81	2
11	3j.	Member Disability Indicator	83	1
12	3k(1).	Member Race Code White Indicator	84	1
13	3k(2).	Member Race Code Black Indicator	85	1
14	3k(3).	Member Race Code American Indian Indicator	86	1
15	3k(4).	Member Race Code Asian Indicator	87	1
16	3k(5).	Member Race Code Native Hawaiian Indicator	88	1
17	3m.	Member Ethnicity Code	89	1
18	3n.	Member SSN	90	9
19	3q.	Meeting Community Service Requirement	99	1
20	3r.	Total Years of School	100	2

Income Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	19a.	Member Number	8	2
4	19b.	Income Code	10	2
5	19d.	Dollars Per Year	12	6
6	19e.	Income Exclusions	18	6

Asset Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	18a.	Family Member Number	8	2
4	18b.	Type of Asset (PHA Use)	10	50
5	18c	Calculation (PHA Use)	60	50
6	18d.	Cash Value of Asset	110	6
7	18e.	Anticipated Income	116	6

Public Housing Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	20a.	Flat Rent or Income Based Rent Indicator	8	1
4	20b.	Tenant Rent	9	6
5	20c.	Mixed Family Tenant Rent	15	6
6	20d.	Utility Allowance/Estimate	21	4
7	20e.	Ceiling Rent Indicator	25	1
8	20f.	Reserved	26	5

Tenant Based / Project Based Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	5h.	Date Unit Last Passed HQS Inspection	8	8
4	5i.	Date of Last Annual HQS Inspection	16	8
5	21a.	Flat Subsidy or Income Based Subsidy Indicator	24	1
6	21b.	Number of Bedrooms on Voucher/Equivalent	25	1
7	21c.	Family Moving Into Unit Indicator	26	1
8	21d.	Portability Indicator	27	1
9	21e.	Cost Billed Per Month	28	5
10	21f.	PHA Code Billed	33	5
11	21g.	Owner Name	38	35
12	21h.	Owner TIN/SSN	73	9
13	21i.	Rent to Owner	82	5
14	21j.	Utility Allowance/Estimate	87	4
15	21k.	Gross Rent of Unit	91	5
16	21m.	Flat Subsidy Amount (if any)	96	5
17	21n.	Tenant Rent to Owner	101	6
18	21p.	Mixed Family Tenant Rent to Owner	107	6
19	21q.	Ceiling Rent Indicator	113	1
20	21r.	Reserved	114	5

Homeownership Record

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	22a.	Flat Subsidy or Income Based Subsidy Indicator	8	1
4	22b.	Family Now Moving Into Unit Indicator	9	1
5	22c.	Date of Initial HQS Inspection	10	8
6	22d.	Portability Indicator	18	1
7	22e.	Cost Billed Per Month	19	4
8	22f.	PHA Code Billed	23	5
9	22g.	Monthly Homeownership Payment	28	4
10	22h.	Utility Allowance/Estimate	32	4
11	22i.	Other Monthly Allowance	36	4
12	22j.	Gross Homeownership Payment	40	4
13	22k.	Flat Subsidy Amount	44	5
14	22m.	Total Family Share	49	4
15	22n.	Mixed Family Total Family Share	53	5
16	22p.	Ceiling Family Share Indicator	58	1
17	22q.	Reserved	59	5

Self Sufficiency Record

Field Number	Form Line #	New Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	1
2	n/a	Record Number	2	6
3	23a(1).	Special Program FSS Participation Indicator	8	1
4	23a(2).	MTW Self Sufficiency Program Indicator	9	1
5	23b.	FSS Report Category	10	1
6	23c.	Effective Date of Self Sufficiency Action	11	8
7	23d.	PHA Code of PHA that Administers Contract	19	5
8	23e.	Reserved	24	5
9	23f.	Reserved	29	5
10	23g.	Reserved	34	5
11	23h(1).	Employed Status Indicator	39	1
12	23h(2).	Date Current Employment Began	40	8
13	23h(3)(A).	Benefits in Current Employment - Health Indicator	48	1
14	23h(3)(B).	Benefits in Current Employment - Retirement Account Indicator	49	1
15	23h(3)(C).	Benefits in Current Employment - Other Indicator	50	1
16	23h(4).	Reserved	51	5
17	23h(5)(A).	Family Receives TANF Income Assistance Indicator	56	1
18	23h(5)(B).	Family Receives General Assistance Indicator	57	1
19	23h(5)(C).	Family Currently Receives Food Stamps Indicator	58	1
20	23h(5)(D).	Family Currently Receives Medicaid/Children's Health Insurance Program Indicator	59	1
21	23h(5)(E).	Family Receives Earned Income Tax Credit Indicator	60	1
22	23h(6).	Number of Children Receiving Child Care Services	61	1
23	23i(1)(A).	GED Needs Indicator	62	1
24	23i(1)(B).	High School Needs Indicator	63	1
25	23i(1)(C).	Post Secondary Needs Indicator	64	1
26	23i(1)(D).	Vocation/Job Training Needs Indicator	65	1
27	23i(1)(E).	Job Search/Job Placement Indicator	66	1
28	23i(1)(F).	Job Retention Needs Indicator	67	1
29	23i(1)(G).	Transportation Needs Indicator	68	1

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30	23i(1)(H).	Health Services Needs Indicator	69	1
31	23i(1)(I).	Alcohol and Other Drug Abuse Prevention Needs Indicator	70	1
32	23i(1)(J).	Mentoring Needs Indicator	71	1
33	23i(1)(K).	Homeownership Counseling Needs Indicator	72	1
34	23i(1)(L).	Individual Development Account Needs Indicator	73	1
35	23i(1)(M).	Child Care Needs Indicator	74	1
36	23i(1)(N).	No Needs Indicator	75	1
37	23i(2)(A).	GED Needs Met Indicator	76	1
38	23i(2)(B).	High School Needs Met Indicator	77	1
39	23i(2)(C).	Post Secondary Needs Met Indicator	78	1
40	23i(2)(D).	Vocational/Job Training Needs Met Indicator	79	1
41	23i(2)(E).	Job Search/Job Placement Needs Met	80	1
42	23i(2)(F).	Job Retention Needs Met	81	1
43	23i(2)(G).	Transportation Needs Met	82	1
44	23i(2)(H).	Health Services Needs Met	83	1
45	23i(2)(I).	Alcohol and Other Drug Abuse Needs Met	84	1
46	23i(2)(J).	Mentoring Needs Met	85	1
47	23i(2)(K).	Homeownership Counseling Needs Met	86	1
48	23i(2)(L).	Individual Development Account Needs Met	87	1
49	23i(2)(M).	Child Care Needs Met	88	1
50	23i(3)(A).	GED Needs Service Provider	89	3
51	23i(3)(B).	High School Needs Service Provider	92	3
52	23i(3)(C).	Post Secondary Needs Service Provider	95	3
53	23i(3)(D).	Vocational/Job Training Needs Service Provider	98	3
54	23i(3)(E).	Job Search/Job Placement Needs Service Provider	101	3
55	23i(3)(F).	Job Retention Needs Service Provider	104	3
56	23i(3)(G).	Transportation Needs Service Provider	107	3
57	23i(3)(H).	Health Services Needs Service Provider	110	3
58	23i(3)(I).	Alcohol and Other Drug Abuse Needs Service Provider	113	3
59	23i(3)(J).	Mentoring Needs Service Provider	116	3
60	23i(3)(K).	Homeownership Counseling Service Provider	119	3
61	23i(3)(L).	Individual Development Account Service Provider	122	3

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62	23i(3)(M).	Child Care Needs Service Provider	125	3
63	23j(1).	Initial Start Date of Contract of Participation	128	6
64	23j(2).	Initial End Date of Contract of Participation	134	6
65	23j(3).	Contract Extension Date	140	6
66	23j(4).	Number of Family Members with Individual Training and Services Plan	146	2
67	23j(5).	Selection Preference	148	1
68	23k(1).	Current Monthly Credit	149	5
69	23k(2).	Current Account Balance	154	5
70	23k(3).	Current Amount Disbursed to Family	159	5
71	23m(1).	Completed Contract Participation Indicator	164	1
72	23m(2).	Left Because Family Moving to Homeownership Indicator	165	1
73	23m(3).	Reason for Exiting Program	166	1

Transmission Footer

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	5
2	n/a	Record Number	6	6
3	n/a	Number of Forms in Submission	12	6